L110000054854

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	⇒ #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
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M. Custigan JUN 2 7 2011

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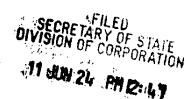
Registration Section

TO:

Division of Corporations				
SUBJECT:	LA MONTA	NARA MIAMI, LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
		JOSEFINA SANTOS		
		Name of Person		
	ACCOUNT	AX OFFICE SERVICES, CORI	P	
		Firm/Company		
		18483 SW 7 STREET		
		Address		
	PEME	BROKE PINES, FL. 33029		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notification	on)	
For further information	concerning this matter, please of	call:		
Name	of Person	at (lephone Number	
, vanie	0110.50	5000 00 50,		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis Divis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIER Registration Section Division of Corporation		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	<u>TANARA MIAMI, LL</u>		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea Limited Liability Company)	rs on our records.)	
(****)		្រូវ	
The Articles of Organization for this Limited Liability	Company were filed on	05/10/2011	and assigned
Florida document numberL11000054854			
	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company ber	·e•	
A. If amending name, enter the new name of the un	inted habinty company ner	<u>.</u> .	
	1 (AT) 1 (AT) 1 (B) 1 (AT)	49 (1 Y) (2 K)	100 4 11 13
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	any," the designation "L	.LC" or the abbreviatio
2.5.6			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		1	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter t	ne name of the nev
registered agent and/or the new registered office and	aress uere.		
Name of New Registered Agent:			
New Registered Office Address:			
·	En	ter Florida street add	ress
		, Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action **Address** Title Title <u>Name</u> MGR GIOSAFAT PETRUCCI **18483 SW 7 STREET** √ Add PEMBROKE PINES, FL. 33029 Remove □ Add ☐ Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 16

JOSE ANTONIO PADILLA
Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00